

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

1.01 593400

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		1					53						
4		23					54						
5		32					55						
6		20					56						
7		22					57						
8		20					58						
9		22					59						
10		20					60						
11		22					61						
12		20					62						
13		22					63						
14	1						64						
15		2					65						
16		2					66						
17		2					67						
18							68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	25	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	27						TOTAL CLAIMS						